

REGISTRATION FORM

Register Online:
www.calbar.ca.gov/antitrust

THE EIGHTEENTH ANNUAL GOLDEN STATE ANTITRUST AND UNFAIR COMPETITION LAW INSTITUTE

October 24, 2008 – Los Angeles, CA

Name: _____ State Bar Number: _____

Firm: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

(required for email confirmation)

Your name and address may be disclosed to other 2008 GSI attendees and exhibitors/vendors.

☐ Check here, if you do not want your information released.

REGISTRATION FEES (please check appropriate box)

	By October 10, 2008	After October 10, 2008
<input type="checkbox"/> Full Day Institute & Dinner – Members	\$395	\$460
<input type="checkbox"/> Full Day Institute & Dinner – Non-members*	\$465	\$530
Institute ONLY	By October 10, 2008	After October 10, 2008
<input type="checkbox"/> Antitrust Section Member	\$325	\$375
<input type="checkbox"/> Non-Member*	\$400	\$450
<input type="checkbox"/> Government/Academic	\$125	\$125
<input type="checkbox"/> Student	\$50	\$50

* Price includes 2009 Section Membership

Sponsorship Opportunities

- ☐ GOLD Includes table for eight at dinner, 5 institute registrants, program attribution—\$3000
- ☐ SILVER Includes table for eight at dinner, 1 institute registrant, program attribution—\$1500
- ☐ BRONZE Program attribution ONLY, no dinner or registration in program—\$500

Lawyer of the Year Dinner ONLY	By October 10, 2008	After October 10, 2008
<input type="checkbox"/> Per Person	\$125	\$175
____ Additional Dinners	\$125	\$175
<input type="checkbox"/> Government/Academic	\$75	\$75
<input type="checkbox"/> Reserved Table for 8	\$1000	\$1200

Program materials will be provided in electronic format. If you wish to view the program materials during the program, please bring a laptop. Subsequent or late submissions of program materials will be provided after the program at www.calbar.ca.gov/antitrust.

CREDIT CARD INFORMATION (mandatory if faxing registration)

I authorize The State Bar of California to charge my program registration and/or fees as noted above to my VISA or MasterCard account. (No other cards will be accepted)

Account Number: _____ Expiration Date: _____

(VISA or MasterCard only)

Cardholder's Name: _____

Cardholder's Signature: _____

Total Enclosed \$ _____

If paying by check, please make check payable to The State Bar of California